

CONSOLIDATED TRANSPORTER NOTIFICATION

1. Business Name (Show d.b.a. name, show name exactly as it will appear on registration; same name or trademark is required on all vehicles):			2. Transporter Registration Number			
3. Business Address Number/Street			City	County/Province	State/Country	Zip/Postal Code
4. Mailing Address (If different) P.O. Box/Street			City	County/Province	State/Country	Zip/Postal Code
5a. Telephone Number (Ext. Number) ()		6. Identification Numbers. If your company transports hazardous wastes, operates the designated facility, and intends to submit only the facility copy of the consolidated manifests pursuant to Health and Safety Code Section 25160(b)(5)(A), you must provide all the transporter and facility identification numbers (12 characters) used by your company on these manifests. If necessary, list additional identification numbers on a separate sheet.				
5b. Fax Number ()						
5c. E-mail Address						

7. I intend to transport the following hazardous wastestream under the consolidated manifesting procedure, as described in Health and Safety Code, Section 25160.2(c)(2)(A). [Check all applicable box(es)]:

- | | |
|--|---|
| <input type="checkbox"/> A. Used oil | <input type="checkbox"/> J. Spent photographic solutions |
| <input type="checkbox"/> B. Contents of an oil/water separator | <input type="checkbox"/> K. Dry cleaning solvents (including perchloroethylene, naphtha, and silicone based solvents) |
| <input type="checkbox"/> C. Solids contaminated with used oil | <input type="checkbox"/> L. Filters, lint, and sludges contaminated with dry cleaning solvent |
| <input type="checkbox"/> D. Brake fluid | <input type="checkbox"/> M. Asbestos and asbestos-containing materials |
| <input type="checkbox"/> E. Antifreeze | <input type="checkbox"/> N. Inks from the printing industry |
| <input type="checkbox"/> F. Antifreeze sludge | <input type="checkbox"/> O. Chemicals and laboratory packs collected from K-12 schools |
| <input type="checkbox"/> G. Parts cleaning solvents, including aqueous cleaning solvents | <input type="checkbox"/> P. Absorbents contaminated with other wastes listed in Health and Safety Code Section 25160.2(c) |
| <input type="checkbox"/> H. Hydroxide sludge contaminated solely with metals from a wastewater treatment process | <input type="checkbox"/> Q. Filters from dispensing pumps for diesel and gasoline fuels |
| <input type="checkbox"/> I. "Paint-related" wastes, including paints, thinners, filters, and sludges | |

8. **Name and Title of Authorized Representative** (print or type): _____

Signature of Authorized Representative

Date

Note: Keep this Consolidated Transporter Notification, signed by DTSC, with the valid Transporter Registration Certificate in the vehicle at all times during the transportation of hazardous waste. Transportation of wastestream(s) listed above, under the consolidated manifesting procedure, without notifying DTSC is a violation of Health and Safety Code (Health and Saf. Code), Section 25165(a), and may be subject to significant penalties. Consolidated transporters are also required to submit quarterly reports pursuant to Health and Saf. Code Section 25160.2(d).

DO NOT WRITE BELOW THIS LINE (FOR DTSC USE ONLY)

Transportation Unit Representative_____
Received date_____
(Print or type name)_____
Expiration date_____
DTSC acknowledgement date

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1. BUSINESS NAME -

- Enter the name, the “DBA” (doing business as) name, or fictitious name under which you are doing business. This will be the same name that will appear on the Registration Certificate issued by DTSC, the Certificate of Insurance for Public Liability Coverage (Form DTSC 8038), and the Endorsement for Motor Carrier Policies of Insurance for Public Liability (Form MCS-90).
- If you have more than one DBA or fictitious name, you must apply for a separate registration for each DBA or fictitious name under which you will transport hazardous waste.

2. TRANSPORTER REGISTRATION NUMBER - Enter your current Registration Number.

3. BUSINESS ADDRESS - Enter the complete business address.

4. MAILING ADDRESS - Enter the complete mailing address.

5. CONTACT NUMBERS - Enter the telephone number, fax number and e-mail address of the business contact person.

6. IDENTIFICATION NUMBER (Also Known as EPA ID Number) -

If your company transports hazardous wastes, operates the designated facility, and intends to submit only the facility copy of the consolidated manifests pursuant to Health and Safety Code Section 25160(b)(5)(A), you must provide all the transporter and facility identification numbers used by your company on these manifests.

7. Check all applicable boxes of waste streams that you plan to transport under the consolidated manifesting procedure, as described in Health and Safety Code, Section 25160.2.

8. The business owner or officer who is authorized to make decisions for the business shall sign in the space provided. Enter the full printed name and title of the person signing the form, and the date that the form was signed.